Lator Organization Officer and Employee Report

U.S. Department of Labor

Office of Labor-Management:Standards



	L. 86-257, as amended. Fallure to co ill penalties as provided by 29 U.S.C		OMB No. 1214-0001 12/31/86
James H. Rankin 608 East Baltimore Pike P.O. Box 607 Media, PA 19063		2. Name and address of labor organization Glass, Molders, Pottery, Plastics & Allied Workers Int'l Union 608 East Baltimore Pike P.O. Box 607 Media, PA 19063	
	uring the past fiscal year, you or you exclusions set forth in the instruct		ld directly or indirectly had any of the following in-
	in transactions (including loans) with your organization represents or is ac		other economic benefit of monetary value from an ent.
6. Name of Employer		Address of Employer	
7. Nature of Interest, Transaction of	Income		
			•
from, selling or leasing to, or of seeking to represent, or (2) any	therwise dealing with the business of a	n employer whose empl or selling or leasing direc	ness (1) a substantial part of which consists of buying loyees your labor organization represents or is actively city or indirectly to, or otherwise dealing with your labor
8. Name of business		Address of business	
ULLICO Inc. and The Union	Labor Life Insurance Company,	111 Massachusetts	s Ave., N.W., Washington D.C. 20001
9. Business deals with—		10. If 9B or 9C is ched	cked give trust or employer's name
☐ A. Labor Organization	☐ B. Trust ☐ C. Employer		
11. Nature and approximate dollar v	_		
interest, also have insurance policie	es with Union Labor Life. The International remiums was paid for coverage of all elig	al is also insured under gro	Affiliated locals and Funds, in which they have an oup policies issued to the AFL-CIO by Union Labor L-CIO. The International Union has pension plan
12. Nature of interest held or incom	e received		
Director's Fees and Fee	es for attending Directors Meeti	ngs - \$10,500.00	APR 1 1 2003
C. Received from any employer any payment of money or other		er parts A and B above	e) or from any labor relations consultant to an employer
13. Name and address of employer	or consultant	14. Nature of paymen	nt
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		2 .	* * * * * * * * * * * * * * * * * * * *
	IF MORE SPACE IS NEEDED	ATTACH ADDITIONA	AL SHEETS
15. Signature and verification—the attachments incorporated correct and complete.	The undersigned declares, under the a therein or referred to in this report, he	is been examined by hi	ne law, that all of the information in this report, including m and is, to the best of his knowledge and belief, true,

City

State

Date